



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number <u>001711975</u>		2. Exact name of the Corporation <u>The Momista INC.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Assist parents and caregivers with tools to care for children on Autism Spectrum & developmental delays. Advocate for IEPs, 504 plans provide social skills</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>371 Putnam Pike Suite 230</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02942</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Cashawna Shakir</u>			Vice-President Name		
Street Address <u>7B Pine View Lane</u>			Street Address		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City	State	Zip
Secretary Name <u>Rayla Johnson - Daye</u>			Treasurer Name		
Street Address <u>10 Demetra Terrace</u>			Street Address		
City <u>Dedham</u>	State <u>MA</u>	Zip <u>02026</u>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Ronelle Robertson</u>			Director Name <u>Ayah Shakir</u>		
Street Address <u>1852 Stancrest Terrace</u>			Street Address <u>7B Pine View Lane</u>		
City <u>Kennesaw</u>	State <u>GA</u>	Zip <u>30152</u>	City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>
Director Name <u>Cashawna Shakir</u>			Director Name		
Street Address <u>7B Pine View Lane</u>			Street Address		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Cashawna Shakir</u>					Date <u>8/15/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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